Recommended Ingredient Reporting Format - CSTHEA

Please attach additional pages if necessary

Date		
Attn. FCLAA	oking and Health Program Manager Hwy., NE, MS K-50 0341	
	nt report is being submitted pursion Act (CSTHEA), 15 U.S.C.	uant to the Comprehensive Smokeless Tobacco §4403(a).
Company Na	me(s)*	
Brand(s)†		
Product categ	gory(ies)† (check all that apply)	
	Dry snuff	
	Moist (wet) snuff	
	Snuff portion pouch	
	Snus	
	Snus portion pouch	
	Plug	
	Twist	
	Loose leaf	
	Compressed (pellet, tal	elet)
	Other	(specify)

†Inclusion of the brand name and product type for ingredients is not required under CSTHEA.

^{*}If this Ingredient Report is submitted by a designated individual or entity on behalf of a cigarette manufacturer, packager, or importer, the form must specify on whose behalf the submission is being made.

Ingredient Name¶	

CAS Registry Number§

¶ Pursuant to CSTHEA, 15 U.S.C. Section 4403(2)(A), ingredients will be kept by OSH as trade secret or confidential information subject to section 552(b)(4) of Title 5.
Also include each of the ingredients that constitute the flavors that are added to the products.

§ Chemical Abstract Service Registry Number, available from the National Institutes of Health National Library of Medicine at http://chem.sis.nlm.nih.gov/chemidplus/chemidheavy.jsp or from the Food and Drug Administration at http://www.fda.gov/cder/iig/iigfaqWEB.htm.